

From: {{sender name and email}}

To: {{recipient name and email}}

Subject:

1. Discover an underlying factor linked to IBS-D
2. Find out what may be causing IBS-D and how to effectively diagnose it
3. Many patients with IBS-D may have something in common
4. Discover how you can diagnose and treat multiple symptoms of IBS-D

Preheader:

1. Learn the connection and about in-office diagnostic criteria
2. The answers may be more straightforward than you think
3. Studies show a likely culprit
4. Plus, clear diagnostic criteria
5. For your adult patients with IBS-D...

**Xifaxan**  
rifaximin 550 mg tablets

Full Prescribing Information

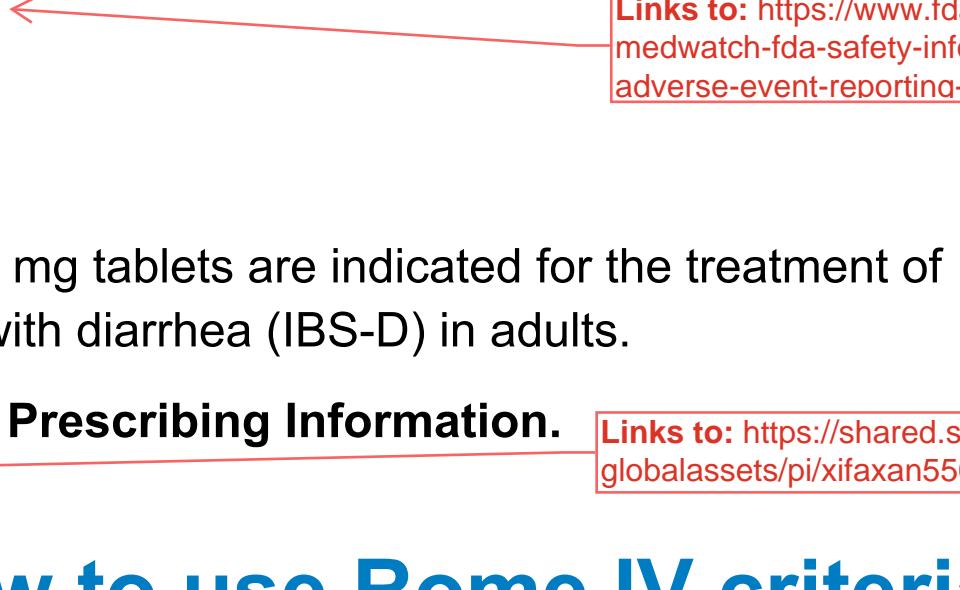
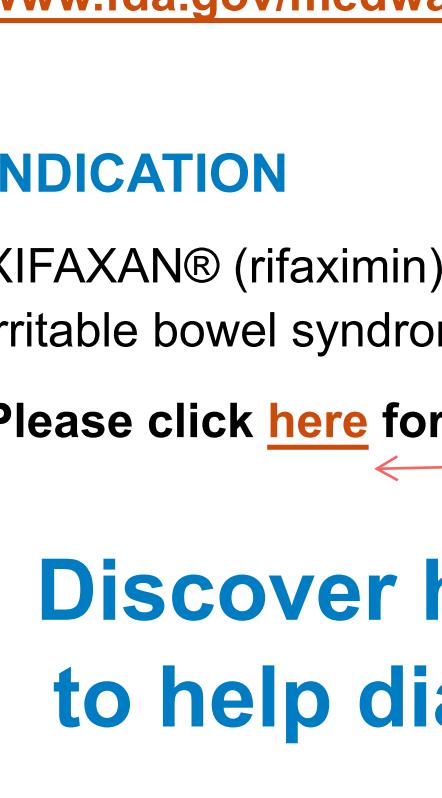
Important Safety Information

For your adult patients...

## What likely causes IBS-D—plus, how to confidently diagnose it

Dear {{accFname}} {{accLname}},

According to an online survey conducted by the American Gastroenterology Association (AGA), more than 70% of patients diagnosed with IBS-D experienced multiple symptoms over the previous 12 months.<sup>1</sup>



Studies also show that many patients with IBS-D have a bacterial imbalance in the gut,<sup>2-4</sup> which has been linked to multiple symptoms of IBS-D, such as abdominal pain, bloating, diarrhea, and urgency.<sup>7-10</sup>

### SELECT IMPORTANT SAFETY INFORMATION:

- XIFAXAN is contraindicated in patients with a hypersensitivity to rifaximin, rifamycin antimicrobial agents, or any of the components in XIFAXAN. Hypersensitivity reactions have included exfoliative dermatitis, angioneurotic edema, and anaphylaxis.

Please see additional Important Safety Information below.

**START NOW >**

Link to: <https://www.xifaxan.com/hcp/bsd/gut-dysbiosis/>

### IMPORTANT SAFETY INFORMATION (cont'd)

- *Clostridium difficile*-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including XIFAXAN, and may range in severity from mild diarrhea to fatal colitis. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued.

- There is an increased systemic exposure in patients with severe (Child-Pugh Class C) hepatic impairment. Caution should be exercised when administering XIFAXAN to these patients.

- Caution should be exercised when concomitant use of XIFAXAN and P-glycoprotein (P-gp) and/or OATPs inhibitors is needed. Concomitant administration of cyclosporine, an inhibitor of P-gp and OATPs, significantly increased the systemic exposure of rifaximin. In patients with hepatic impairment, a potential additive effect of reduced metabolism and concomitant P-gp inhibitors may further increase the systemic exposure to rifaximin.

- In clinical studies, the most common adverse reactions for XIFAXAN (alone or in combination with lactulose) were:

- IBS-D (>2%): Nausea (3%), ALT increased (2%)

- INR changes have been reported in patients receiving rifaximin and warfarin concomitantly. Monitor INR and prothrombin time. Dose adjustment of warfarin may be required.

- XIFAXAN may cause fetal harm. Advise pregnant women of the potential risk to a fetus.

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at **1-800-321-4576** or FDA at **1-800-FDA-1088** or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Link to: <https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>

### INDICATION

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults.

Please click [here](#) for full Prescribing Information.

Link to: <https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf>

## Discover how to use Rome IV criteria to help diagnose IBS-D in your adult patients<sup>11-13</sup>

**LEARN MORE >**

Link to: <https://www.xifaxan.com/hcp/ibsd/diagnosis/>

<sup>1</sup>Data from the "IBS in America" online survey conducted September 14, 2015, through October 29, 2015, for the AGA by GfK Public Affairs & Corporate Communications with financial support from Ironwood Pharmaceuticals, Inc. and Allergan plc. Respondents with an IBS-D diagnosis (n=1001) and respondents with undiagnosed IBS-D (n=586) were asked the following question about a list of symptoms: "Which of the following symptoms do you experience during the past 12 months?" The responses reflect the responses within the survey and treatment was not assessed.

<sup>2</sup>References: 1. American Gastroenterological Association. IBS in America survey summary findings. December 2015. Accessed: August 1, 2020. [http://http://www.multivu.com/players/English/7634451-aga-ibs-in-america-survey/docs/survey-findings-pdf\\_635473172.pdf?utm\\_hv=2](http://http://www.multivu.com/players/English/7634451-aga-ibs-in-america-survey/docs/survey-findings-pdf_635473172.pdf?utm_hv=2). Zhong W, Lu X, Shi H, et al. Distinct microbial populations exist in the mucosa associated with diarrhea predominant irritable bowel syndrome and non-IBS symptoms. *J Clin Gastroenterol*. 2019;53(9):660-672. doi:10.1097/MCG.0000000000000961.

3. Casén C, Vélez HC, Sekelja M, et al. Deviations in human gut microbiota: a novel diagnostic test for non-celiac dysbiosis. *Kronbäck L, Mäki M, Alriksson B, et al. *Microbiol Ther*. 2015;42(1):71-83. doi:10.1111/1323-4252.12105. 4. Käkinen A, Kurki L, Mäki M, et al. *Gut Microbiol Ther*. 2015;42(1):71-83. doi:10.1111/1323-4252.12105. 5. Pimentel M, Lembo A, Chey WD, et al. TACIT Study Group. Rifaximin for functional bowel disorders. *Am J Gastroenterol*. 2007;122(1):24-33. doi:10.1038/sj.amjgastro.0505409. 6. Surdin J, Aziz I, Nordlander S, et al. Evidence of altered mucosa-associated fecal microbiota composition in patients with irritable bowel syndrome. *Am J Gastroenterol*. 2020;110(1):593. doi:10.1038/sj.amjgastro.0505409. 7. Törnblom H, Van Oudenhove L, Sadri R, Abrahamsson H, Tack J, Simren M. Colonic transit time and IBS symptoms: what is the link? *Am J Gastroenterol*. 2012;107(5):754-760. doi:10.1038/ajg.2012.5. 8. Jin HY, Lee MH, Sun KY, et al. *Colorectal Dis*. 2007;9(5):1499-1506. doi:10.1111/j.1463-1326.2007.00380.x. 9. Törnblom H, Van Oudenhove L, Sadri R, Abrahamsson H, Tack J, Simren M. Colonic transit time and IBS symptoms: what is the link? *Am J Gastroenterol*. 2012;107(5):754-760. doi:10.1038/ajg.2012.5. 10. Törnblom H, Van Oudenhove L, Sadri R, Abrahamsson H, Tack J, Simren M. Colonic transit time and IBS symptoms: what is the link? *Am J Gastroenterol*. 2012;107(5):754-760. doi:10.1038/ajg.2012.5. 11. Lacy BE, Pimentel M, Borenstein DM, et al. ACG Clinical Guideline: Management of irritable bowel syndrome with diarrhea. *Am J Gastroenterol*. 2021;116(1):99-132. 12. Lacy BE, Pimentel M, Borenstein DM, et al. ACG Clinical Guideline: Management of irritable bowel syndrome with diarrhea. *Am J Gastroenterol*. 2021;116(1):99-132. 13. Lembo A, Sultan M, Chang L, Heidelbaugh JJ, Smalley W, Verne GN. AGA Clinical Practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. *Gastroenterology*. 2022;163:137-151.*

<sup>4</sup>Data from the "IBS in America" online survey conducted September 14, 2015, through October 29, 2015, for the AGA by GfK Public Affairs & Corporate Communications with financial support from Ironwood Pharmaceuticals, Inc. and Allergan plc. Respondents with an IBS-D diagnosis (n=1001) and respondents with undiagnosed IBS-D (n=586) were asked the following question about a list of symptoms: "Which of the following symptoms do you experience during the past 12 months?" The responses reflect the responses within the survey and treatment was not assessed.

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